

HEALTH DEPARTMENT

9 School St. - Amesbury, MA 01913 Tel. 978.388.8134 / Fax 978.388.7874

www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

APPLICATION TO OPERATE A CAMPGROUND

Fee Due w/Application: \$200.00

Name of Campground :	Address:	Tel.:	
Name of Contact Person:	Address:		
Tel.:			
Emergency Contact:	Tel:	Email:	
Please provide the following:			
 Number of camping trailers (si 	tes)		
 Number of camping tents (site 			
 Type of sewage disposal (proving) 			
 Type of water supply (provide 			
 Type of trash disposal (explain):		
Type of bathroom/shower facilities (explain the second sec	plain and provide cleaning schedules	s):	_
Food Service Establishment (provide co Public / Semi-Public Swimming Pools (p Beach Permit:yesno			
Other Campground Amenities / Service	s (explain):		
Fire Prevention/Safety (explain):			
Provide a plan of land for campsites, au	· ·		tional areas, etc.
Provide copies of any camp policies for	animals/pets, residents, trash picku	p, etc.	
Office Use Only – Received			

ADM. ASST. HOURS:

Mon. thru Wed.: 8:00 am – 4:00 pm Thursday: 8:00 am – 7:00 pm Friday: 8:00 am – 12 Noon DIRECTOR IN-OFFICE HOURS:
Mon. & Wed.: 8:00 am - 10:30 am
Thursday: 4:00 pm - 7:00 pm
Friday: 8:00 am - 10:30 am
OTHER HOURS BY APPT.

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